

6-18-08

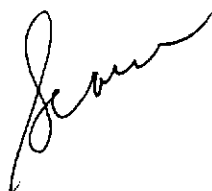
To Whom it may concern: I have requested three CO8-2940-JF different times, to the inmate trust account. That they provide a summary trust account for the last 6 months. All requests have been refused. I have filed an inmate grievance (602) on this matter, with no response. It has been 28 days. Please accept The Application to Proceed IN FORMA PAUPERIS.

I'm not sure what else to do. Thank you for your time and patience.

**RECEIVED**

JUN 23 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA



David W Van Durdan  


**ORIGINAL FILED**

JUN 23 2008

RICHARD W. WIEKING  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

COPY

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE  
APPEAL FORM**  
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
VAN DURDEN, D	F13456		2W13

A. Describe Problem: I have attempted twice to get a  
Certificate of Funds In Prisoners Account. With no reply.

This is my third attempt, enclosed is the certificate.

If you need more space, attach one additional sheet.

B. Action Requested: A completed copy of Certificate of Funds In Prisoners Account.

Inmate/Parolee Signature: [Signature] Date Submitted: 6-4-08

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

**D. FORMAL LEVEL**

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

